WEST VIRGINIA DEPARTMENT OF TAX AND REVENUE

BAILMENT AUTHORIZATION FORM

The undersigned,	(Date)
(Name)	
(Name of Company	y)
(hereinafter referred to as Supplier) of	
· · · · · · · · · · · · · · · · · · ·	(Street Address & PO Box, if applicable)
	(City, State, and Zip Code)
the West Virginia Department of Tax and Rein bailment at the West Virginia ABCC Wa The West Virginia Alcohol Beverage Control or any part of the said bailment inventory of ABCC controlled outlets and/or fill retail order. This authorization shall be in force and expressions of the said bailment inventory of t	effect from July 1, 2012 through June 30, 2013. at any time, without notice, when such revocation is
Supplier FEIN number:	
Remittance Address:	
	(Signature)
	(Title)
(Date)	(Telephone Number, including Area Code)